

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

Provider No.	Medicare F75	Medicaid F76	Other F77	Total Residents F78
ADL	Independent	Assist of One or Two Staff	Dependent	
Bathing	F79	F80	F81	
Dressing	F82	F83	F84	
Transferring	F85	F86	F87	
Toilet Use	F88	F89	F90	
Eating	F91	F92	F93	

A. Bowel/Bladder Status

F94 _____ With indwelling or external catheter

F95 _____ Of total number of residents with catheters, _____ were present on admission.

F96 _____ Occasionally or frequently incontinent of bladder

F97 _____ Occasionally or frequently incontinent of bowel

F98 _____ On individually written bladder training program

F99 _____ On individually written bowel training program

B. Mobility

F100 _____ Bedfast all or most of time

F101 _____ In chair all or most of time

F102 _____ Independently ambulatory

F103 _____ Ambulation with assistance or assistive device

F104 _____ Physically restrained

F105 _____ Of total number of residents restrained, _____ were admitted with orders for restraints.

F106 _____ With contractures

F107 _____ Of total number of residents with contractures, _____ had contractures on admission.

C. Mental Status

F108 _____ With mental retardation

F109 _____ With documented signs and symptoms of depression

F110 _____ With documented psychiatric diagnosis (exclude dementias and depression)

F111 _____ Dementia: multi-infarct, senile, Alzheimer's type, or other than Alzheimer's type

F112 _____ With behavioral symptoms

F113 _____ Of the total number of residents with behavioral symptoms, the total number receiving a behavior management program _____.

F114 _____ Receiving health rehabilitative services for MI/MR

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D. Skin Integrity

F115 _____ With pressure sores (exclude Stage I)

F116 _____ Of the total number of residents with pressure sores excluding Stage I, how many residents had pressure sores on admission? _____.

F117 _____ Receiving preventive skin care

F118 _____ With rashes

Resident Census and Conditions of Residents

E. Special Care

F119 _____ Receiving hospice care benefit

F120 _____ Receiving radiation therapy

F121 _____ Receiving chemotherapy

F122 _____ Receiving dialysis

F123 _____ Receiving intravenous therapy, parenteral nutrition, and/or blood transfusion

F124 _____ Receiving respiratory treatment

F125 _____ Receiving tracheostomy care

F126 _____ Receiving ostomy care

F127 _____ Receiving suctioning

F128 _____ Receiving injections (exclude vitamin B12 injections)

F129 _____ Receiving tube feedings

F130 _____ Receiving mechanically altered diets including pureed and all chopped food (not only meat)

F131 _____ Receiving specialized rehabilitative services (Physical therapy, speech-language therapy, occupational therapy)

F132 _____ Assistive devices while eating

F. Medications

F133 _____ Receiving any psychoactive medication

F134 _____ Receiving antipsychotic medications

F135 _____ Receiving antianxiety medications

F136 _____ Receiving antidepressant medications

F137 _____ Receiving hypnotic medications

F138 _____ Receiving antibiotics

F139 _____ On pain management program

G. Other

F140 _____ With unplanned significant weight loss/gain

F141 _____ Who do not communicate in the dominant language of the facility (include those who use sign language)

F142 _____ Who use non-oral communication devices

F143 _____ With advance directives

F144 _____ Received influenza immunization

F145 _____ Received pneumococcal vaccine

I certify that this Information is accurate to the best of my knowledge.

Signature of Person Completing the Form

Title

Date

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TO BE COMPLETED BY SURVEY TEAM

F146 Was ombudsman office notified prior to survey? Yes ☐ No ☐

F147 Was ombudsman present during any portion of the survey? Yes ☐ No ☐

F148 Medication error rate _____ %